

KANSAS MEDICAID STATE PLAN

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30-7-76

30-7-76. Transcripts. (a) A transcript of the hearing may be prepared if requested by an appellant, the agency, the hearing officer, the state appeals committee or the secretary. The party requesting the transcript shall pay any costs associated in obtaining a transcript.

(b) If an appellant requests a transcript, the agency shall pay the costs of transcribing the recording if the appellant signs a poverty affidavit.

(c) If a transcript is prepared, the reporter shall sign the following certification on all copies: "This is to certify that _____ conducted a hearing on the application of _____ in _____ county, state of Kansas, on _____ at _____ and that the foregoing is a true and correct transcript of the record of the hearing."

Signature of Reporter

The effective date of this regulation shall be July 1, 1989. (Authorized by K.S.A. 75-3304; implementing K.S.A. 75-3306, as amended by L. 1988, Ch. 356, Sec. 302; effective July 1, 1989.)

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30-7-77

30-7-77. Rehearing. (a) Any party, within 15 days after service of the hearing officer's decision, may file a petition for rehearing with the administrative hearings section, stating the specific grounds upon which the rehearing of the hearing officer's decision is requested.

(b) A rehearing may be granted to either party on all or part of the issues when it appears that the rights of the party are substantially affected because of:

- (1) An erroneous ruling of the hearing officer;
- (2) the decision in whole or in part is contrary to the evidence; or
- (3) newly discovered evidence which the moving party could not with reasonable diligence have discovered or produced at the hearing.

(c) The filing of a petition for rehearing is not a prerequisite for review at any stage of the proceedings. The filing of a petition for review does not stay any time limits or further proceedings that may be conducted under the Kansas administrative procedures act, K.S.A. 77-501 et seq. and amendments thereto, or any other provision of law. The effective date of this regulation shall be July 1, 1989. (Authorized by K.S.A. 75-3304; implementing K.S.A. 75-3306, as amended by L. 1988, Ch. 356, Sec. 302; effective July 1, 1989.)

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30-7-78

30-7-78. State appeals committee. (a) The secretary may appoint one or more state appeals committees to hear appeals from the decisions or orders of the hearing officers.

(b) The committees shall consist of three impartial persons.

(c) Decisions of the committee shall be by majority vote. The effective date of this regulation shall be July 1, 1989. (Authorized by K.S.A. 75-3304; implementing K.S.A. 75-3306, as amended by L. 1988, Ch. 356, Sec. 302; effective July 1, 1989.)

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06/16/98

Kansas Medicaid Plan

Attachment 4.19 D

Part II

Subpart CC

p.1 of 1

Public process for proposed changes in ICF/MR payment rates or payment methodologies. The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

TN#MS-98-06 Approval Date JUN 23 1998 Effective Date July 1, 1998 Supersedes TN N/A

NER/PL

BILL GRAVES, GOVERNOR OF THE STATE OF KANSAS



KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

September 17, 1997

Mr. Richard P. Brummel
Associate Regional Administrator for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, MO 64106

SEP 21 1997
11:03
FEDERAL OFFICE BUILDING
KANSAS CITY, MO

Dear Mr. Brummel:

In accordance with 42 CFR 447.253, the Kansas Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payment for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services. This amendment, MS-97-14, increases seven (7) of the cost center limits to allow reasonable and adequate reimbursement to ICFs/MR. The related information required by §447.255 is furnished herewith and the agency complies with all other requirements.

42 CFR 447.253(b) Findings

The State of Kansas, through this agency, does make findings to ensure that the rates used to reimburse providers satisfy the requirements of §447.253(b).

42 CFR 447.253(b)(1)(I) Reasonable and Adequate Payment Rates

The State of Kansas continues to pay ICFs/MR for services in accordance with a state plan formula established through consultation with representatives of the corresponding provider groups. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

42 CFR 447.253(b)(2) Upper Payment Limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is expected to pay no more in the aggregate for ICF/MR services than the amount that the agency reasonably estimates would be paid under the Medicare principles of reimbursement.

Refers to MS-97-14

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42 CFR 447.272(a) & (b) Upper Payment Limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is expected to pay no more, in the aggregate, for state and private ICF/MR services than the amount the agency reasonably estimates would be paid under the Medicare principles of reimbursement.

42 CFR 447.253(d) Revaluation of Assets

The State of Kansas assures that, for changes in ownership of any ICF/MR after October 1, 1985, methods and standards employed in the valuation of capital assets for purposes of determining payment rates will not increase the value of those assets by more than the lesser of one-half of the percentage increase in either the Dodge construction index, or the Consumer Price Index for All Urban Consumers, applied in the aggregate with respect to those facilities that have undergone a change of ownership during the fiscal year.

42 CFR 447.253(e) Provider Appeals

The State of Kansas, in accordance with federal regulations and with the Kansas Administrative Regulations, provides a fair hearing, appeal, or exception procedure that allows for an administrative review and an appeal by the provider as to its payment rates.

42 CFR 447.253(f) Uniform Cost Reports

ICF/MR providers are required to file annual cost reports in accordance with Kansas Administrative Regulations and Attachment 4.19D, Part II, Subpart O.

42 CFR 447.253(g) Audit Requirements

The State of Kansas performs a desk review on all cost reports within six (6) months after receipt and provides for periodic field audits of the financial and statistical records of the participating providers.

42 CFR 447.253(h) Public Notice

In accordance with 42 CFR 447.205, public notice is given for the significant changes proposed to the methods and standards for setting ICF/MR payment rates.

42 CFR 447.253(i) Rates Paid

The rates paid through the State of Kansas have been determined in accordance with methods and standards specified in an approved Medicaid State Plan.

42 CFR 447.253(d)

The State of Kansas assures that its ICF/MR payment methodology is not reasonably expected to result in an increase in aggregate payments based solely as a result of a change in ownership in excess of the increase that would result from application of 447.253(d)(1) and (2).

Refers to MS-97-14

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42 CFR 447.255 Related Information

Estimated Average Rate 07/01/97	\$155.44
Estimated Average Rate 07/01/96	\$154.49
Per Diem Increase	\$.95
Average Percent Increase	.61%

Both the short-term and the long-term effects of these rate changes are estimated to:

1. Maintain the availability of services on a statewide and geographic area basis.

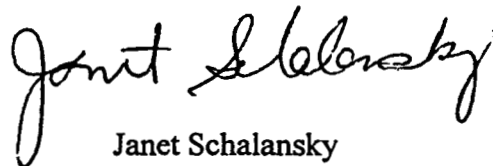
There are 45 licensed ICFs/MR in the State of Kansas. One hundred percent are certified to participate in the Medicaid Program. Beds are available in every area of the State and close coordination between each ICF/MR and the Commission of Mental Health and Developmental Disabilities allows the agency to keep close track of vacancies;

2. Maintain the type of care furnished; and,
3. Maintain the extent of provider participation.

The extent of provider participation should not be affected by this change. One hundred percent of the available providers are already participating in the program.

Any questions regarding this plan submission should be directed to Dan Dannenberg at (913)296-8906.

Sincerely,



Janet Schalansky
Deputy Secretary

JS:RS

Attachment

Refers to MS-97-14

DEC 05 1997



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor
Mental Health & Retardation Services
Fifth Floor
(913) 296-6140

December 12, 1991

Richard Brummel
Associate Regional Administrator for Medicaid
Department of Health & Human Services
Health Care Financing Administration
Region VII, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

In accordance with 42 CFR 447.253, the Kansas Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payment for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services. This amendment, MS-91-45, adds material involved in the revision of the regulations for the ICF-MR program.

The single state agency in Kansas assures that the rates established for ICFs/MR are reasonable and adequate. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

In accordance with 42 CFR 447.253, the Department of Social and Rehabilitation Services submits the following assurances related to Kansas Medicaid payments for long term care services in ICFs/MR. The requirements set forth in paragraphs (b) through (g) of this section are being met, the related information required by subsection 447.225 of this subpart is furnished herewith and the agency complies with all other requirements.

42 CFR 447.253(b) Findings

The State of Kansas, through this agency, does make findings to ensure that the rates used to reimburse providers satisfy the requirements of paragraph 447.253(b).

Refers to MS-91-45

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December 12, 1991
Page Two

42 CFR 447.253(b)(1)(i) Payment Rates

The State of Kansas continues to pay ICFs/MR for services in accordance with a state plan formula established through consultation with representatives of the corresponding provider groups. The rates are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide the services in conformity with applicable state and federal laws, regulations, and quality and safety standards.

42 CFR 447.253(b)(2) Upper payment limits

The State of Kansas assures that the estimated average proposed Medicaid payment rate is reasonably expected to pay no more in the aggregate for ICF/MR services than the amount that the agency reasonably estimates would be paid under the Medicare principles of reimbursement.

42 CFR 447.253(c) Provider appeals

The State of Kansas in accordance with the federal regulations and with the Kansas Administrative Regulations, provides a fair hearing, appeal or exception procedure that allows for an administrative review and an appeal by the provider as to its payment rates.

42 CFR 447.253(d) Uniform cost reporting

ICF/MR providers are required to file annual cost reports with the Medicaid agency within three months following the end of their fiscal year in accordance with Kansas Administrative Regulations.

42 CFR 447.253(e) Audit requirements

The State of Kansas performs a desk review on all cost reports within six months after receipt and provides for periodic field audits of the financial and statistical records of the participating providers.

42 CFR 447.253(f) Public notice

Appropriate public notice has been given for the changes included in this plan amendment.

42 CFR 447.253(g) Rates paid

The rates paid through the State of Kansas have been determined in accordance with methods and standards specified in an approved Medicaid State Plan.

42 CFR 447.255 Related Information

Estimated Average Rate 12/01/90	\$100.46
Estimated Average Rate 12/01/91	105.10
Per Diem Increase	4.64
Average Percent Increase	4.6%

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December 12, 1991
Page Three

Both the short-term and long-term effect of these changes are estimated to:

1. maintain the availability of services on a statewide and geographic area basis.

There are approximately 48 licensed ICFs/MR in the State. One hundred percent are also certified to participate in the Medicaid Program, as of December 13, 1991. Beds are available in every area of the State and close coordination with the local and area SRS offices allows the agency to keep close track of vacancies.

2. maintain the type of care furnished.

The type of care furnished should be maintained or improved for those recipients needing and receiving care in both the short and long term.

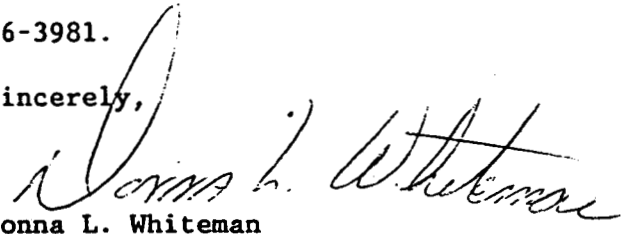
3. maintain the extent of provider participation.

The extent of provider participation should not be affected by this change. One hundred percent of the available providers are already participating in the program.

The State of Kansas through this agency, does make assurances that its payment methodology is not reasonably expected to result in an increase in payments based solely on a change in ownership in excess of the increase that would result from application of section 1902(a)(13)(13)(C) of the Social Security Act.

Questions may be directed to Sally Adams (913) 296-3981.

Sincerely,


Donna L. Whiteman
Secretary

DLW:GDV:DB:ms

Refers to MS-91-45